



For security and medical staff

## Alaska DOC HARS COVID-19 Outbreak Response Plan - Version 04/15/20

### Alaska DOC Outbreak Response Implementation Overview

**Purpose:** In the event of an outbreak of coronavirus (COVID-19), the Alaska Dept. of Corrections shall institute medical and environmental safety measures including, quarantine procedures, in coordination with state and federal health officials, with the purpose of preventing the spread of disease within DOC facilities or into the Alaskan community.

#### Definitions:

Isolation—the procedure of separating a person who is already sick from others who are not ill in order to prevent the spread of disease. The term *isolation* is distinct from the term *quarantine*.

Incubation period—the length of time between an exposure to an ill person and the development of symptoms in another person. The incubation period of COVID-19 is 2-14 days.

Quarantine—the procedure of separating and restricting the movement of persons who are **not sick** yet but who were **exposed**. This allows rapid identification of those who will become sick.

Social Distancing—*personal and administrative strategies to reduce contact between people in order to slow the spread of COVID-19.*

- I. The Alaska Department of Corrections (DOC) will implement measures to prevent or mitigate the spread of COVID-19 within DOC facilities or into a local community.
- II. DOC will provide staff whose duties include direct contact with patients with personal protective equipment (PPE).
- III. DOC staff will use personal measures such as hand washing, use of hand sanitizers, environmental cleaning, universal precautions, and use of PPE.
- IV. The Alaska Department of Corrections may implement four levels of quarantine: 1) Individual; 2) Module; 3) Facility; or 4) Inter-Facility.
- V. An inmate may be assigned to quarantine by a medical provider under authority granted by policy 804.01.
- VI. Isolation and quarantine shall be by the least restrictive means necessary to prevent the spread of a contagious or possibly contagious disease that poses a significant risk to the health and security of the institution.
- VII. Enactment of the provisions of the response plan shall be at the discretion of the Commissioner or designee. Deviations from the response plan require prior approval of the Commissioner or designee.

#### Policies:

#### Procedures:

##### I. Preparation Phase

- a. Inventory Medical Supplies: Ensure 2 weeks of outbreak medical supplies are available in a predetermined location at each facility
  - i. N-95 disposable masks for medical and security staff
  - ii. Non-latex gloves
  - iii. Eyewear protection / goggles
  - iv. Isolation gowns with protective moisture barrier and long sleeves

- v. Small plastic bags for personal sickness relief
  - vi. Blue incontinence pads
  - vii. Hand sanitizer for workstations
  - viii. Stock inmate mattresses
  - ix. Paper, plastic and Styrofoam products for inmate meals
  - x. Confirm location and function of Powered Air Purifying Respirators (PAPR)
- b. Respirators:
  - i. Train and fit test staff for use proper use of N95 masks
  - ii. Powered Air Purifying Respirators (PAPR) will be checked for function and placed in the infirmaries or medical clinic.
- c. Cleaning supplies: Central supply to keep on hand and adequate stock of basic cleaning supplies for each facility
  - i. Bleach
  - ii. Disinfecting wipes
  - iii. Hand soap
- d. Education: posters regarding handwashing and disease prevention will be posted in clinics, work areas, and in inmate living areas
- e. AK DOC HARS Infectious Disease Response Team (IDRT) duties:
  - i. IDRT shall conduct table-top exercises to determine the most likely scenarios under which an outbreak would occur in a DOC facility. These scenarios will be evaluated by the IDRT to identify needs for training, supplies, changes in work-flow, medications, or other preparations designed to prevent or mitigate an outbreak.
  - ii. IDRT will designate a member of the IDRT to coordinate with state and federal public health officials. This member will serve as a liaison for the AK DOC for the purpose of disseminating information to the Department.
  - iii. IDRT will develop a clinical care guide and training bulletins specific to the outbreak organism. Updates will be provided regularly to DOC staff.
- f. Ventilation and filtration system check: maintenance will assess and ensure that air ventilation and filtration are adequately performing and will minimize circulation of any airborne virus.
- g. Infirmary and Treatment Area Preparation:
  - i. Isolation and quarantine areas will be identified in each facility both for individual and for group isolation or quarantine.
  - ii. Infirmary patients will be prioritized based on acuity level. Rooms in the infirmary will be identified by the RNIII and Regional Medical Officer for use in treating infected patients who require nursing level of care. Designated rooms will be prepared to be used as isolation rooms with procedures in place to prevent spread of contagion to other patients in the infirmary.
- h. The Criminal booking screen and Health Inquiry of a Received Prisoner (transfer) forms will be updated to include screening questions for COVID-19.

## II. Response Phase

- a. The following procedures apply, when relevant, to all DOC or correctional personnel including staff working in Alaska's:
  - i. Administration Offices

- ii. Community Resource Centers (CRCs)
  - iii. Community Jails
  - iv. Electronic Monitoring Program
  - v. Jails and Prisons
  - vi. Probation Offices
  - vii. Pretrial Offices
  - viii. Transportation Services
  - ix. Training Academy
- b. A confirmed case of the epidemic virus within the state will trigger implementation of emergency response procedures depending on a facility's or office's alert level:
  - i. Alert Level A: case confirmed in Alaska or a public health emergency is declared
  - ii. Alert Level B: community transmission confirmed in the facility's geographic region
  - iii. Alert Level C: case suspected or confirmed in a DOC facility
  - iv. Alert Level D: confirmed transmission within a DOC facility
- c. Superintendents and security management staff will inform the inmate population of the outbreak response plan and the actions being taken to reduce amount of movement of inmates and possible exposure to the virus.
- d. Superintendents will have the authority to identify essential persons who are granted entry into a correctional facility.
- e. Visitation may be limited and/or suspended at the discretion of the Commissioner or designee depending on the facility's alert level (see II.a above).
  - i. Possible actions may include:
    - 1. Limited visitation. All visitors are screened for risk of infection prior to entry into the facility (see appendix 1).
    - 2. Suspended personal visitation- Halt entry of all unessential visitors.
    - 3. Suspended visitation and activities- Suspension of all personal visitation, contractors, professional visitation. Suspension of facility activities, events, or assemblies. Group programs may also be cancelled.
    - 4. Critical operations only. No unessential movement.
  - ii. The department will inform the public of any restrictions on visitation or movement emphasizing the goal of protecting the health and safety both of inmates and of the public.
- f. Staff Management during outbreak
  - i. Staff who are ill, or become ill at work, will be sent home, and not be given access back into the facility until the employee is cleared in accordance with DOC policy and procedures.
  - ii. Staff must be sent home if sick (see Appendix 3).
    - 1. The employee's immediate supervisor has the authority to send a sick appearing employee home.
    - 2. In the absence of an employee's direct supervisor, the shift commander or shift supervisor have the authority to send a sick-appearing employee home.
  - iii. DOC facilities will provide only essential services during a Level D outbreak. Staffing issues will be evaluated continuously by prison administration and plans developed accordingly.
  - iv. Staff will be cross trained into essential inmate service areas so that services can be provided without the assistance of inmate workers if necessary. These services may include:
    - 1. Providing medical care and services to sick inmates.
    - 2. Food preparation and distribution using disposable products.
    - 3. Mail delivery.

- 4. Laundry operations
  - 5. Removal and proper disposal of garbage.
- v. Regardless of the alert level, all well employees are expected to report for duty. During an emergency, the director of each division has authority to cross train and assign staff to duties which may be outside normal job descriptions and can enforce mandatory overtime.
- vi. Staff requests for family sick leave must be presented to the staff member's supervisor and may be granted on a case-by-case basis.
- g. Facility Management during an outbreak
  - i. Screening employees, contractors, and facility visitors for COVID-19
    - 1. All persons entering a facility from the community (employees, administrators, contractors, visitors, etc) will be screened prior to entry.
    - 2. The degree of screening will be at the discretion of the commissioner or designee and may include any of the following options individually or in combination:
      - a. Posted health advisories (ex. Posted signs stating "Do not enter if you are coughing, are having trouble breathing, or have a fever")
      - b. Self-screening (ex. Signed declaration at entry confirming absence of symptoms or risk factors)
      - c. Physical screening (ex. Trained personnel checking temperature and verifying absence of coughing)
      - d. Third-party health screening (ex. Required clearance letter from a medical professional, or negative COVID-19 test)
      - e. Individual or broad-based laboratory testing as recommended by state and federal public health officials.
  - ii. Screening inmates for COVID-19
    - 1. All inmates will be screened for COVID-19 upon intake to a facility:
      - a. During criminal or Title 47 remand screening
      - b. Upon transfer from another facility
      - c. Upon return from hospitalization
    - 2. Each remand facility will coordinate receipt of potentially infected persons from local law enforcement or sleep-off center(s).
      - a. Local law enforcement or sleep-off center staff will call DOC facility ahead of arrival to report arriving person with symptoms or confirmed COVID-19
      - b. A mask will be placed on detainee prior to arrival to DOC facility
      - c. The detainee will be escorted directly to an isolation cell to complete intake screening and booking process.
    - 3. Inmates transferred from a facility under Alert level C or higher will be screened prior to transfer as well as upon arrival at the receiving facility.
    - 4. Vital signs, including temperature, will be obtained at intake evaluation of all new remands.
    - 5. The Health Inquiry of a Received Prisoner (transfer) will include screening for COVID-19 symptoms or signs, as well as vital signs including temperature.
    - 6. Laboratory testing:
      - a. Individual testing of symptomatic persons will be performed when, during detention or incarceration, a person meets the clinical criteria for COVID-19.
      - b. Broad-based testing of all persons in a cohort (symptomatic or asymptomatic), such as a module, a facility, new remands, or a work group

- (i.e. all kitchen workers, etc), will be authorized when appropriate as part of a contact investigation or when interval surveillance is recommended by state and/or federal public health officials.
- c. Testing may be performed by Alaska State Public Health laboratories, hospital laboratories, or commercial laboratories.
  - iii. The institutional regional medical officer or health practitioner will authorize the appropriate level of quarantine (see appendix 2).
  - iv. Management of infected patients or persons under investigation.
    - 1. Inmates with clinical or epidemiological risk factors, or with a confirmed COVID-19 infection will be housed in a single-cell whenever possible.
    - 2. Medical staff will obtain lab samples from patients with clinical symptoms per the COVID-19 clinical care guide. Samples will be sent for to the appropriate lab for testing.
    - 3. Inmates with clinical symptoms will wear a surgical mask during movement outside the cell or when staff enter the cell to perform duties.
    - 4. Patients whose symptoms are severe enough to warrant nursing care, but not hospitalization, will be moved to the infirmary.
    - 5. Infirmary overflow: in the event the number of sick individuals exceeds the capacity of the infirmary or isolation rooms, an infirmary overflow module will be set up.
      - a. Each facility will designate an area that will serve as the overflow infirmary space. The temporary infirmary space will need rooms where individuals who are symptomatic or confirmed as having pandemic infection can be held individually in single cell environments.
      - b. Inmates with fever, cough or other signs and symptoms of early illness will be housed separately from inmates who are convalescing (separate rooms or separate tiers are acceptable).
      - c. Cohort housing of infected individuals may be used. A congregate space such as a gymnasium or other common space will be designated for use in the event the number of acutely ill patients exceeds the space available in the infirmary overflow area, allowing staff to care more efficiently for them during their peak illness period.
  - v. Containment procedures.
    - 1. Treatment areas, including a single cell, a module, or an open area shall be set up so as to accommodate the need for staff to round on sick individuals, donning and removing PPE, washing hands, as well as minimizing movement into and out of the designated space to prevent the spread of illness to inmates in the facility who are uninfected.
    - 2. Healthcare staff assessing patients will implement standard, contact, and airborne precautions, including use of eye protection during evaluation (PPE) and when performing procedures that could result in droplet exposure (nasal swabs, oral swabs, nebulizer treatments). Strict droplet precautions will be adhered to by care givers assigned to the treatment area. Except in an emergency, movement into and out of the expanded infirmary space will be restricted to those staff assigned to that area.

3. Caregivers will wear moisture resistant isolation gowns, goggles, gloves, and N-95 masks or PAPR when entering a treatment area, a patient's cell, or when working within six feet of an infected individual.
4. All garbage will be disposed of in using a double bagged system for proper disposal.
5. All equipment entering a treatment area must stay in that area until the outbreak is ended, unless the equipment can be thoroughly cleaned and disinfected.
6. Rooms housing an infected patient will be terminally cleaned, with all reachable surfaces disinfected, upon departure of the patient. Individual areas, including mattresses and personal space occupied by patients housed in a congregate area, will be cleaned and disinfected before use by another person.
7. Meals for individuals housed in a treatment area will only be served with disposable items whenever possible.
  - a. Non-disposable food service items, when used, should be handled with gloves and washed with hot water or in a dishwasher.
8. Oral rehydration fluids will be made available to infected individuals during the course of illness.
9. Dedicated lined-trash-containers will be provided for ill persons.
  - a. Staff or inmate workers will use gloves when removing garbage bags, handling, and disposing of trash.
- vi. Hospital Transfers
  1. If a patient is in respiratory distress, pneumonia is suspected, or if ordered by a health provider, the patient should be transferred to the local ER. The ER and paramedics should be notified this is an infected patient or a person under investigation.
  2. Transporting officers should implement standard, contact, and airborne precautions, including eye protection (PPE).
- h. Plan of care for well inmates in a quarantine area
  - i. All inmates in an affected area will remain on quarantine status for a minimum of 14 days, and inmates movement during this period will be minimized.
  - ii. Rounds in all living areas, checking on the health status of well inmates in a quarantine area will be performed by medical or security staff at least three times a day.
  - iii. All well inmates will be provided with soap with instructions to wash frequently, and instructed to avoid touching eyes, nose, or mouth.
  - iv. Inmates who become ill will be transferred to an isolated cell. Medical staff will evaluate the person who becomes ill.
  - v. DOC HAZMAT trained inmates will clean and disinfect a cell vacated by an ill inmate; if HAZMAT trained inmates are not available, DOC staff will clean and disinfect the cell. The intent is to minimize traffic into or through a quarantine area.
- i. New remands
  - i. During an outbreak, all new remands into a facility should be screened for clinical and epidemiological risk of COVID-19.
  - ii. Efforts should be made to keep new arrivals housed separately from quarantined individuals or quarantined groups, whenever possible.
- j. Medication distribution
  - i. The Institutional Health Care Officer in coordination with the Chief Nursing Officer, Chief Medical Officer, and DOC pharmacist may implement the methods authorized in Policy

- 807.04 (Use of Pharmaceutical Products) for the distribution of medications. This includes self-medication keep on person (SM-KOP); self-medication med-line (SM-ML); and self-medication stored by security (SM-SS).
- ii. During alert level C or alert level D, the med-line will be organized to prevent congregate gathering of inmates.
  - iii. For the duration of an alert level C or an alert level D, the distribution of prescribed medication will take priority over the distribution of commissary medications.
- k. Outside Medical Appointments
- i. Inmates with emergent medical conditions will be transported to the ER for care.
  - ii. Outside medical appointments for medical and surgical treatment of emergent conditions will continue as scheduled.
  - iii. Outside medical or surgical appointments for essential care that is not time-sensitive (routine follow up; screening endoscopy; joint-replacement surgery; etc) will be postponed until the recovery phase.
    - 1. A health practitioner or physician, in collaboration with the nursing supervisor(s) at each facility will be responsible for prioritizing the acuity of outside medical appointments.
    - 2. Outside medical appointments which are essential but not urgent will be rescheduled 90 days from the initiation of the response phase.
- l. Dental Services
- i. Dental will be limited to emergency problem focused exams and limited treatment.
  - ii. Dental procedures that may cause aerosols including the use of cavitrons; dental handpieces; and air + water spray shall be avoided when possible.
  - iii. During procedures dental staff will wear recommended PPE.
  - iv. Essential invasive procedures must be combined with the use of HVE suction at all times and follow the CDC guidelines for precautions during Aerosol-Generating Procedures (AGPs).
- m. Programs
- i. Individual services such as mental health services, medical services, or services involving a one-on-one visits with an inmate may continue during an outbreak, with provisions made in order to accommodate essential services without increasing the risk of disease transmission.
  - ii. Modified education, vocation, and treatment programming may continue during an outbreak, with provisions made in order to accommodate essential services without increasing the risk of disease transmission.
- n. Death of an inmate:
- i. In the event of a death suspected to be caused by COVID-19, staff will follow policy 104.04 (Death of a Prisoner).
- o. Laundry
- i. Staff and inmate workers will wear disposable gloves when handling dirty laundry from an ill person and then discard after each use.
  - ii. Staff and inmates will follow the following laundry procedures:
    - 1. Wash hands after handling laundry.
    - 2. Do not shake dirty laundry in order to minimize the possibility of dispersing virus through the air.
    - 3. Launder items as appropriate in accordance with the manufacturer's instructions.



4. Clean laundry will not be transported in the same containers or bags as dirty laundry.
- iii. Laundry from an ill person can be washed with other people's laundry.
- iv. Clean and disinfect laundry containers at least daily, use plastic liners or disposable plastic bags instead of cloth hampers for transporting laundry.
- p. Release and discharges from DOC during an outbreak:
  - i. Well inmates
    1. Inmates without symptoms who complete a sentence or who are released during the outbreak may be released to the community.
    2. Inmates who are under quarantine at the time of release, should be given instructions regarding the duration of self-quarantine in the community. The names of individuals released while under quarantine will be provided to the Alaska Department of Public Health.
  - ii. Infected inmates
    1. Individuals with an active infection are contagious and may not be released directly into the community.
    2. The DOC medical social worker or designee will coordinate with the Department of Public Health regarding the safe release of individuals who are actively infected depending on the level of medical need. Options include: release to a hospital facility; assisted transport to a personal residence for self-isolation; assisted transport to designated housing for isolated individuals.

### **III. Recovery Phase**

- a. As cases of community transmission of COVID-19 fall, each facility's alert level will be lowered accordingly:
  - i. Alert Level D: confirmed transmission continues within the DOC facility.
  - ii. Alert Level C: isolated, infectious case(s) held within the DOC facility but no transmission within the facility has occurred for 14 days.
  - iii. Alert Level B: community transmission continues in the facility's geographic region, but no active cases are held within the facility
  - iv. Alert Level A: active case(s) are present in Alaska without evidence of community transmission for at least 14 days.
  - v. Alert Level minimum: return to preparation phase for possible recurrence.
- b. Superintendents will have the authority to identify essential persons who are granted entry into a correctional facility during the step-down recovery phases.
- c. Visitation may be resumed and/or remain limited at the discretion of the Commissioner or designee depending on the facility's alert level (see III.a above).
  - i. Possible actions may include:
    1. Resume all visitation, but ensure all visitors are screened for risk of infection prior to entry into the facility (see appendix 1).
    2. Resume personal visitation- allow entry of a limited number of visitors.
    3. Resume professional visitation and activities- Resume personal visitation, contractors, professional visitation. Resume facility activities, events, or assemblies. Group programs may also be resumed if the risk of viral transmission is minimal.
    4. Resume all operations and movement.



- ii. The department will inform the public of the lifting of restrictions on visitation or movement emphasizing the ongoing goal of protecting the health and safety both of inmates and of the public.
- d. Staff Management during recovery phase
  - i. Staff who are ill, or become ill at work, will be sent home, and not be given access back into the facility until the employee is cleared in accordance with DOC policy and procedures (see Appendix 3).
    - 1. The employee's immediate supervisor has the authority to send a sick appearing employee home.
    - 2. In the absence of an employee's direct supervisor, the shift commander or shift supervisor have the authority to send a sick-appearing employee home.
  - ii. During the recovery phase, staffing issues will be evaluated continuously by prison administration and plans developed accordingly.
  - iii. Regardless of the alert level, during the recovery phase, all well employees are expected to report for duty. When necessary due to critical staffing levels, the director of each division has authority to cross train and assign staff to duties which may be outside normal job descriptions and can enforce mandatory overtime.
  - iv. Staff requests during the recovery phase for family sick leave must be presented to the staff member's supervisor and may be granted on a case-by-case basis.
- e. Facility Management during the recovery phase
  - i. During the recovery phase, screening employees, contractors, and facility visitors for COVID-19 will continue until alert level falls to minimum.
    - 1. All persons entering a facility from the community (employees, administrators, contractors, visitors, etc) will be screened prior to entry.
    - 2. The degree of screening will be at the discretion of the commissioner or designee and may include any of the following options individually or in combination:
      - a. Posted health advisories (ex. Posted signs stating "Do not enter if you are coughing, are having trouble breathing, or have a fever")
      - b. Self-screening (ex. Signed declaration at entry confirming absence of symptoms or risk factors)
      - c. Physical screening (ex. Trained personnel checking temperature and verifying absence of coughing)
      - d. Third-party health screening (ex. Required clearance letter from a medical professional, or negative COVID-19 test)
      - e. Individual or broad-based laboratory testing will be performed as recommended by state and federal public health officials.
  - ii. Screening inmates for COVID-19 during the recovery phase
    - 1. All inmates will be screened for COVID-19 upon intake to a facility:
      - a. During criminal or Title 47 remand screening
      - b. Upon transfer from another facility
      - c. Upon return from hospitalization
    - 2. Each remand facility will coordinate receipt of potentially infected persons from local law enforcement or sleep-off center(s).
      - a. Local law enforcement or sleep-off center staff will call DOC facility ahead of arrival to report arriving person with symptoms or confirmed COVID-19
      - b. A mask will be placed on detainee prior to arrival to DOC facility

- c. The detainee will be escorted directly to an isolation cell to complete intake screening and booking process.
- 3. Inmates transferred from a facility under Alert level C or D will be screened prior to transfer as well as upon arrival at the receiving facility.
- 4. Vital signs, including temperature, will be obtained at intake evaluation of all new remands.
- 5. The Health Inquiry of a Received Prisoner (transfer) will include screening for COVID-19 symptoms or signs, as well as vital signs including temperature.
- 6. Laboratory testing:
  - a. Strategies for performing laboratory testing of all new remands may be implemented upon the recommendation of state and federal public health officials.
  - b. Individual testing of symptomatic persons will be performed when, during detention or incarceration, a person meets the clinical criteria for COVID-19.
  - c. During the recovery phase, broad-based testing of all persons in a cohort (symptomatic or asymptomatic), such as a module, a facility, or a work group (i.e. all kitchen workers, etc), will be authorized when appropriate as part of a contact investigation or when interval surveillance is recommended by state and/or federal public health officials.
  - d. Testing may be performed by Alaska State Public Health laboratories, hospital laboratories, or commercial laboratories.



APPENDIX 1  
**ALASKA DOC SCREENING TOOL**

**Name:**

**Person you are visiting:**

**Purpose of visit:**

1. Today, or in the last two weeks, have you had any of the following symptoms?		Date of Onset:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Fever</b> ( <i>Fever may not be present in some patients, such as elderly, immunosuppressed, or taking certain medications. Fever may be subjective or objective</i> ).	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Cough</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Shortness of Breath (SOB)</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Chills</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Headache</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Muscle Aches</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Sore Throat</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Vomiting or diarrhea</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Abdominal discomfort</b>	
<b>2. Think of the people you have been around the last two weeks:</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Within the last 14 days, have you had close contact with someone with symptoms of fever, cough, muscle aches, fatigue or someone who has been diagnosed with the COVID-19 illness?	
<b>3. Think of your recent travel:</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the last two weeks, have you traveled from, or through, any of the locations reported to be having a coronavirus outbreak?	
<b>Thank you for completing the Visitor Screening Form. Please sign the form below and hand it to the correctional employee overseeing check-in of visitors.</b>		

**I understand that the Department of Corrections is screening visitors for illness in an effort to prevent the spread of Coronavirus into a correctional facility; and I confirm that I do not have symptoms of an illness and the above answers are true and correct.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Name (Last, First):** \_\_\_\_\_

**Institution:** \_\_\_\_\_

APPENDIX 2  
DOC Levels of Quarantine

Level	Description	Scenario	Details
I	Individual level	Exposed individual is booked into a DOC facility	Quarantine of an exposed individual to include single cell housing, in-cell meals, restriction of movement, and separation from congregate activities for duration of incubation period.
II	Module level	An ill individual is identified in a single module	Quarantine of all inmates in a module with restriction of movement to within the module, in-module meals, separation from congregate activities outside the module for the duration of the incubation period.
III	Facility level	Multiple ill individuals are identified in separate modules or areas	Quarantine of all inmates in an exposed facility to include restriction of movement to and from the facility for the duration of the incubation period.
IV	Inter-facility level	An ill individual is identified after movement between facilities during the infectious period	Quarantine of exposed inmates in multiple modules within multiple facilities with restriction of movement to and from the facilities/modules, and separation of exposed inmates from congregate activities.



# ALASKA DOC SUPERVISOR GUIDANCE FOR COVID-19

EFFECTIVE 4/15/2020

1. Does the employee have symptoms of respiratory infection including:
    - A) new onset of any one of the following: feverishness, cough, or shortness of breath; OR
    - B) new onset of *two or more* of the following:

<input type="checkbox"/> Chills	<input type="checkbox"/> Muscle/joint aches
<input type="checkbox"/> Diminished sense of taste or smell	<input type="checkbox"/> Nausea/vomiting
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Runny nose
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Sore throat
<input type="checkbox"/> Headache	<input type="checkbox"/> Sputum (phlegm) production
  - If answer is **NO** – Proceed to Question 2
  - If answer is **YES** – Employee will be sent home.
    - Provide the employee with a cloth face mask.
    - If the facility is in a location with community transmission, recommend the employee contact his or her health care provider for COVID-19 testing.
    - Let the employee know that they may return to when the return to work criteria are met.
    - If the criteria are met, the employee does not need a doctor's note/release to return to work.
    - If the test is POSITIVE, the employee will be allowed to return to work in accordance with guidance provided to the individual by public health staff.
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2. Within the past 14 days has the employee been in close contact with someone at home or in the community who has been tested and is awaiting results or who has tested positive for COVID-19? (*Note: Close contact is defined as within 6 feet for more than 10 minutes without wearing personal protective equipment*)
    - If answer is **NO** – Employee may come to work
    - If answer is **YES** and the employee does not have symptoms as outlined in #1 above:
      - The employee may come to work if staffing levels are critical but must wear a mask, practice social distancing whenever possible, wash hands frequently and clean items and work area on an end-of-use basis.
      - If the employee becomes sick with any of the symptoms listed above, he or she should be sent home immediately. Surfaces in their workspace should be cleaned and disinfected. A list of persons who had contact with the ill employee during the time the employee had symptoms and 2 days prior to symptoms should be compiled.
    - If the answer is **YES** and the employee does have symptoms as outlined in #1 above:
      - Provide the employee with a cloth face mask.
      - If the facility is in a location with community transmission, recommend the employee contact his or her health care provider for COVID-19 testing.
      - The employee may not return to work until NEGATIVE test results are received and the return to work criteria are met.
      - If the criteria are met, the employee does not need a doctor's note/release to return to work.
      - If the test is POSITIVE, the employee will be allowed to return to work in accordance with guidance provided to the individual by public health staff.

3. Within the past 14 days has the employee been in close contact with someone at home or in the community who has symptoms as outlined in #1 above? *(Note: Close contact is defined as within 6 feet for more than 10 minutes without wearing personal protective equipment)*
- If answer is **NO** – Employee may come to work
  - If answer is **YES** and the employee does not have symptoms as outlined in #1 above:
    - The employee may come to work but must wear a mask, practice social distancing whenever possible, wash hands frequently and clean items and work area on an end of use basis.
    - If the employee becomes sick with any of the symptoms listed above, he or she should be sent home immediately. Surfaces in their workspace should be cleaned and disinfected. A list of persons who had contact with the ill employee during the time the employee had symptoms and 2 days prior to symptoms should be compiled.
  - If the answer is **YES** and the employee does have a fever, cough, or shortness of breath:
    - Provide the employee with a cloth face mask.
    - If the facility is in a location with community transmission, recommend the employee contact his or her health care provider for COVID-19 testing.
    - The employee may not return to work until NEGATIVE test results are received and return to work criteria are met.
    - If the criteria are met, the employee does not need a doctor's note/release to return to work.
    - If the test is POSITIVE, the employee will be allowed to return to work in accordance with guidance provided to the individual by public health staff.
4. Within the past 14 days has the employee traveled outside Alaska?
- If answer is **NO** – Employee may come to work
  - If answer is **YES** and the employee does not have a fever, cough, or shortness of breath:
    - Let the employee know they will be required to stay at home for 14-days from the time they returned to Alaska.
  - If the answer is **YES** and the employee does have a fever, cough, or shortness of breath:
    - Provide the employee with a cloth face mask.
    - If the facility is in a location with community transmission, recommend the employee contact his or her health care provider for COVID-19 testing
    - The employee may not return to work until NEGATIVE test results are received and the return to work criteria are met.
    - If the criteria are met, the employee does not need a doctor's note/release to return to work.
    - If the test is POSITIVE, the employee will be allowed to return to work in accordance with guidance provided to the individual by public health staff.

### RETURN TO WORK CRITERIA

- 1) at least 7 days have passed since symptoms first appeared; AND
- 2) at least three days (72 hours) have passed since resolution of cough, shortness of breath and fever without the use of fever-reducing medication; AND
- 3) other symptoms have improved.

NOTE: The same criteria apply if a COVID-19 test comes back negative or if the employee was not tested for COVID-19.



## APPENDIX 4

# ALASKA DOC ENTRY POINT SCREENING QUESTIONNAIRE FOR COVID-19

EFFECTIVE 4/15/2020

DOC continues to take measures to keep our facilities and offices safe. Therefore, anyone coming into the facility/office will be screened. Please answer the following questions before entering:

1. Do you have **new onset** of any of the following: feverishness, cough, or shortness of breath?

- ☐ YES  
☐ NO

If the answer is yes, and you are in a facility in a community that has community transmission, it is recommended you contact your health care provider for COVID-19 testing.

2. Do you have new onset of **two or more** of the following: chills, diminished sense of taste or smell, diarrhea, fatigue, headache, muscle/joint aches, nausea/vomiting, runny nose, sore throat, or sputum (phlegm) production?

- ☐ YES  
☐ NO

If the answer is yes, and you are in a facility in a community that has community transmission, it is recommended you contact your health care provider for COVID-19 testing.

3. If you were tested for COVID-19; was the result POSITIVE or are you waiting on results?

- ☐ YES  
☐ NO or ☐ NOT APPLICABLE (not tested)

4. In the past 14 days, have you traveled outside Alaska?

- ☐ YES  
☐ NO

5. In the past 14 days have you been in close contact with someone at home or in the community who has been tested and is awaiting results or who has tested positive for COVID-19? (*Note: Close contact is defined as within 6 feet for more than 10 minutes without wearing personal protective equipment*)

- ☐ YES  
☐ NO

6. Is your temperature at or above 100.4° F?

- ☐ YES  
☐ NO

**If the answer to any question is YES question, the individual will not be allowed into the facility/office.**

If the individual is a DOC employee, direct them to contact their supervisor for guidance on when they may return to work.





## ALASKA DOC INMATE TRANSFER SCREENING FOR COVID-19

EFFECTIVE 4/8/2020

The following questions must be asked of every inmate immediately prior to getting on the van/bus for transport.

1. Have you been coughing, feeling feverish or had any shortness of breath?  
☐ YES  
☐ NO
2. Do you have new onset of *two* or *more* of the following: chills, diminished sense of taste or smell, diarrhea, fatigue, headache, muscle/joint aches, nausea/vomiting, runny nose, sore throat, or sputum (mucus) production?  
☐ YES  
☐ NO
3. In the last two weeks, have you traveled outside Alaska?  
☐ YES  
☐ NO
4. Is your temperature at or above 100.4° F?  
☐ YES  
☐ NO

**If the answer to any question is YES, the individual will not be allowed to transfer.  
Inmates who fail the screening should be GIVEN A MASK and taken to a single cell or  
to medical for further assessment.**



## APPENDIX 6

# ALASKA DOC EMPLOYEE SELF-SCREEN FOR COVID-19

EFFECTIVE 4/8/2020

Your health and well-being are of the utmost importance and we are taking measures to keep the office a safe environment for employees, individuals under our charge, and the public. Therefore, anyone coming into a Department of Corrections office must affirm the following:

1. I do not have symptoms of respiratory infection (fever, persistent cough or shortness of breath).
2. I do not have *two or more* of the following: chills, diminished sense of taste or smell, diarrhea, fatigue, headache, muscle/joint aches, nausea/vomiting, runny nose, sore throat, or sputum (mucus) production?
3. In the past 14 days I have not cared for or been in close contact with someone with suspected or confirmed COVID-19. *(Note: Close contact is defined as within 6 feet for more than 10 minutes without wearing personal protective equipment)*
4. My temperature is at or below 100.4° F. *(I understand that until further notice I must take my temperature daily before reporting to the office).*

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Employee Name

Signature

Date